

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/536855 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	8	↔		↔		↔
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						